

www.mass.gov/abcc

LICENSE NU	MBER: 011800003		CITY OR TOWN	BOURNE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: CLUB ITALI	ANO GUGLIELMO MA	RCONI	
DOING BUSI	NESS A MARCONI	CLUB		
ADDRESS 7	Commonwealth Ave			
CITY/TOWN:	BOURNE	STATE: MA	ZIP CODE:	02561
MANAGER:	ROVATTI, ARCHIE B. JR.	TYPE OF LICENSE: CI	ub CAT	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
ONE STORY	BUILDING,4 ROOM	IS AND CELLAR		
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now lic	ensed;
2. the	licensee has complied	d with all laws of the Com	monwealth relating to ta	axes; and
3. the	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	PHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability ins	nd of the fire departme	nt for the above
Please Check Bel			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	a expiaiii)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.)	L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 011800007		CITY OR TOW	N BOURNE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A LOST DOG	CANAL CAFE		
ADDRESS 71 CRA	NBERRY HGHY	Y SAGAMORE		
CITY/TOWN: BO	URNE	STATE: N	IA ZIP CODE:	02561
MANAGER: SHE	A, KEVIN	TYPE OF LICENSE	:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
		UR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF ONE STORY BLDO A SERVICE ENTRA	G WITH PUBI	KITCHEN WITH ON	E ENTRANCE ON T	THE WEST SIDE AND
2. the licens	ved license will be see has complied	e of the same type for	the same premises no commonwealth relating explain below)	
SIGNED BY	Individual, Par	rtner or Authorized C	orporate Officer	
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, signe	d by the buildin	g inspector and the l	nead of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICEN By:	NSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 011800009		CITY (OR TOWN	BOURNE	
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME:	: OTIS FISH & GAME	E CLUB INC.				
DOING BUSINESS	5 A					
ADDRESS OTIS A	IR NATIONAL GUARI)				
CITY/TOWN: BO	URNE	STATE: N	AA ZIF	P CODE:	02542	
	LOZA, TYPE CHAEL J.	OF LICENSE	::Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YO	OUR EMAIL ADDR	RESS		
	LICENSED PREMISES					
	LDG WITH KITCHEN, NE ENTRANCE AND E		FUNCTION	ROOM,STC	ORE ROOM	AND
I hereby certify and	swear under penalties of	perjury that:				
1. the renev	wed license will be of the	same type for	r the same pr	remises now	licensed;	
2. the licens	see has complied with all	l laws of the C	Commonweal	th relating to	taxes; and	
3. the prem	ises are now open for bu	siness (If not	explain belov	w)		
SIGNED BY			0.00	~		
	Individual, Partner or	Authorized C	Corporate Off	icer		
DATE:	TELEPHONE I	NUMBER:	()		IDENTIFICATI	
			(1)	tote. <u>Ivo1</u> Ilidi	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lig	ector and the	head of the	fire departn	nent for the	above
Please Check Below:			LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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LICENSE NU	MBEK: 011800011		CITY OR TOWN	DOURNE
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE N DOING BUSI		SSET GOLF CLUB, INC.		
ADDRESS CI	LUB HOUSE DRIVE			
CITY/TOWN	: BOURNE	STATE: MA	ZIP CODE:	02559
MANAGER:	WRIGHT, CHARLES F.	TYPE OF LICENSE:C	lub (CATEGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
storage rooms and restrooms	, mens and ladies lock , mechanical and elec	ement- recreation room, lo ser rooms, mens and ladie trical room. First floor-gr or, coat and storage rooms	s showers and restroill room, function ro	ooms, staff locker area oom, kitchen restrooms,
I hereby certif	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises no	w licensed;
2. the	licensee has complie	d with all laws of the Con	nmonwealth relating	to taxes; and
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY		artner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT I	ndividual Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the hea	ad of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Bel	low:		LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				
*				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 011800012		CI	TY OR TOW	N BOURNE	
APPLICATION FO	R RENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	BUZZARDS BAY	AERIE #3741	, FRAT. C	OR OF EAGL	ES, INC.	
DOING BUSINESS	A BUZZARDS BA	Y EAGLES				
ADDRESS 39 COH	ASSET AVE					
CITY/TOWN: BO	URNE	STATE:	MA	ZIP CODE:	02532	
	BERT, TYF	PE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
	LICENSED PREMIS					
	ROOMS AND CELI					
• •	swear under penalties				ovy licensed.	
	wed license will be of see has complied with	• •		-		
	ises are now open for				g to taxes, and	
	1					
SIGNED BY						
	Individual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOY	YER IDENTIFICAT	TION NUMBER:
				(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are ad by the building ins (2) the certificate of	spector and th	ne head of	the fire depa	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			F	Ву:		
DISAPPROVED:						
(If disapproved expl	ain)		-			
			-			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

CLASS YEAR LICENSEE NAME: MONUMENT BEACH SPORTSMAN'S CLUB INC. DOING BUSINESS A ADDRESS DUMP ROAD CITY/TOWN: BOURNE STATE: MA ZIP CODE: 02532 MANAGER: NICHOL,DAVID TYPE OF LICENSE:Club CATEGORY: All Alcohol REX EMAIL ADDRESS: PLEAR AND VISIT OUR WEISTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL,TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM,ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [I] DISAPPROVED: [I] DISAPPROVED: [I] DISAPPROVED: [I] LOCAL LICENSING AUTHORITY By:	LICENSE NUMBER: 011800015	CITY	OR TOWN BOURNE
LICENSEE NAME: MONUMENT BEACH SPORTSMAN'S CLUB INC. DOING BUSINESS A ADDRESS DUMP ROAD CITY/TOWN: BOURNE STATE: MA ZIP CODE: 02532 MANAGER: NICHOL,DAVID TYPE OF LICENSE:Club CATEGORY: All Alcohol REX EMAIL ADDRESS:	APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
DOING BUSINESS A ADDRESS DUMP ROAD CITY/TOWN: BOURNE STATE: MA ZIP CODE: 02532 MANAGER: NICHOL,DAVID TYPE OF LICENSE:Club CATEGORY: All Alcohol REX EMAIL ADDRESS:		CLASS	YEAR
ADDRESS DUMP ROAD CITY/TOWN: BOURNE STATE: MA ZIP CODE: 02532 MANAGER: NICHOL,DAVID TYPE OF LICENSE; Club CATEGORY: All Alcohol REX EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2. STORY BLDG, UPPER FLOOR HAS FUNCTION HALL, TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	LICENSEE NAME: MONUMENT BE	ACH SPORTSMAN'S CLUE	3 INC.
CITY/TOWN: BOURNE STATE: MA ZIP CODE: 02532 MANAGER: NICHOL,DAVID TYPE OF LICENSE: Club CATEGORY: All Alcohol REX EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL,TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM,ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. Il hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: GIf disapproved explain)	DOING BUSINESS A		
MANAGER: NICHOL, DAVID TYPE OF LICENSE; Club CATEGORY: All Alcohol REX EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL, TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UICH MERSTR ADDRESS: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By:	ADDRESS DUMP ROAD		
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	CITY/TOWN: BOURNE	STATE: MA ZII	P CODE: 02532
DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL, TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)		PE OF LICENSE: Club	CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL, TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UICH disapproved explain)	EMAIL ADDRESS:		
2 STORY BLDG. UPPER FLOOR HAS FUNCTION HALL.TWO RESTROOMS, AND OFFICE. LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL ADDR	RESS
LOWR FLR-MEETING ROOM, ONE REST ROOM, KITCHEN & FURNACE ROOM. BOTH FLOORS HAVE 2 EXITS EACH. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT (If disapproved explain)	DESCRIPTION OF LICENSED PREMI	SES:	
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIT COCAL LICENSING AUTHORITY By: UIT COCAL LICENSING AUTHORITY			
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UCCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)	I hereby certify and swear under penalties	s of perjury that:	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	1. the renewed license will be of	the same type for the same pr	remises now licensed;
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: LOCAL LICENSING AUTHORITY By: Ultimize	2. the licensee has complied with	all laws of the Commonweal	lth relating to taxes; and
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	3. the premises are now open for	business (If not explain below	w)
Individual, Partner or Authorized Corporate Officer DATE:			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)		or Authorized Corporate Of	ficer
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:		(1)	Note:
APPROVED: By: DISAPPROVED: Under the state of the state	Acts of 2004, signed by the building in named license and (2) the certificate of	spector and the head of the	fire department for the above
DISAPPROVED:	Please Check Below:	LOC	AL LICENSING AUTHORITY
(If disapproved explain)	APPROVED:	By:	
DATE:	(II disapproved explain)		
DATE:			-
	DATE:		



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	CITY OR TOWN BOURNE	
: Annual	LICENSED FOR 2013	
CLASS	YE	AR
CK RESTAURANT, INC.		
ACK RESTAURANT		
OAD		
STATE: MA	ZIP CODE: 02561	
TYPE OF LICENSE: Res	taurant CATEGORY: Al	l Alcohol
T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
PREMISES:		
THREE ROOMS,MEN'S &	LADIES RESTROOMS BASEMEN	NT
enalties of perjury that:		
l be of the same type for the	same premises now licensed;	
ed with all laws of the Comm	nonwealth relating to taxes; and	
pen for business (If not expla	in below)	
Partner or Authorized Corpo	rate Officer	
PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securi	
	(100c. 1001) Individual Social Securi	ty Number)
ling inspector and the head	of the fire department for the abo	ve
	LOCAL LICENSING AUTHORI	ТҮ
	By:	
		 ;
	-	
	CLASS CCK RESTAURANT, INC. ACK RESTAURANT DAD STATE: MA TYPE OF LICENSE: Res TOUR WEBSITE AND ENTER YOUR EM REMISES: THREE ROOMS, MEN'S & enalties of perjury that: I be of the same type for the ed with all laws of the Comm pen for business (If not expla Partner or Authorized Corpo PHONE NUMBER: we are in possession (1) the ling inspector and the head	CLASS YE. CK RESTAURANT, INC. ACK RESTAURANT DAD STATE: MA ZIP CODE: 02561 TYPE OF LICENSE: Restaurant CATEGORY: AI TOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS REMISES: THREE ROOMS, MEN'S & LADIES RESTROOMS BASEMEN enalties of perjury that: I be of the same type for the same premises now licensed; ed with all laws of the Commonwealth relating to taxes; and ben for business (If not explain below) Partner or Authorized Corporate Officer PHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securi we are in possession (1) the certificate required by Chapter 3 ling inspector and the head of the fire department for the abo cate of liquor liability insurance required by Chapter 116 of the content of the same o



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	11800024		CITY OF	R TOWN	BOURNE	
APPLICATION FOR R	ENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME: L	EO'S SEAFOOD RE	STAURANT,	, INC.			
DOING BUSINESS A						
ADDRESS 249 MAIN S	ST.					
CITY/TOWN: BOURN	NE	STATE: N	IA ZIP (CODE:	02532	
MANAGER: CUBEL ANTHO	· · · · · · · · · · · · · · · · · · ·	OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YO	UR EMAIL ADDRES	SS		
DESCRIPTION OF LIC						
ONE FLOOR, DINING STORAGE. ENTRANG		,KITCHEN,R	ESTROOMS	, FULL CE	ELLAR USEI	O FOR
I hereby certify and swe	ar under penalties of	perjury that:				
1. the renewed	license will be of the	same type for	the same prei	mises now	licensed;	
2. the licensee h	has complied with all	laws of the C	ommonwealth	relating to	taxes; and	
3. the premises	are now open for bus	siness (If not e	explain below))		
SIGNED BY						
I	ndividual, Partner or	Authorized C	orporate Offic	er		
DATE:	TELEPHONE N	NUMBER:			IDENTIFICATI	
			(INOI	te: NOT Indi	ividual Social Se	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspec	ctor and the l	nead of the fi	re departn	nent for the	above
Please Check Below:			LOCAI	L LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain))					
DATE:						



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LICENSE NUMBER: 011800025		CITY OR TOWN	BOURNE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MEZZA LUNA RE	STAURANT INC.		
DOING BUSINESS A			
ADDRESS 253 MAIN ST.			
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE:	02532
MANAGER: CUBEELLIS,ROSE TYPE MARY	E OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
4 DINING ROOMS, A 25X12 PATIO (SE EMPLOYEE RESTROOMS, MEN'S ANI WAIING LOUNGE, ONE BACK ENTRA OFFICES IN KITCHEN, TWO OFFICES WALK IN COOLER IN KITCHEN ONE	D LADIES RESTRO ANCE WITH CORI IN BASEMENT, S	OOMS, ONE NETRA RIDOR, ONE STORA STORAGE AREA IN	ANCE WITH AGE CLOSET, TWO I BASEMENT,
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	e same premises now	licensed;
2. the licensee has complied with	all laws of the Com	monwealth relating to	o taxes; and
3. the premises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY Individual, Partner	or Authorized Corp	orate Officer	
DATE: TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspared license and (2) the certificate of 2010.	pector and the hea	d of the fire departı	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 011800026		CIT	Y OR TOWN	BOURNE	
APPLICATION FOI	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
DOING BUSINESS		RDS INC.				
ADDRESS 057-59 N						
CITY/TOWN: BOU	JRNE	STATE:	MA	ZIP CODE:	02532	
MANAGER: HAR	UNK, STEVENTYP	E OF LICEN	SE:Restaura	ant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL A	DDRESS		
	LICENSED PREMIS BAR, MENS & LAD		OMS, STC	ORAGE AREA	, 2 ENTRAN	CES
I hereby certify and s	wear under penalties	of perjury tha	t:			
	ed license will be of t			_		
	ee has complied with			· ·	o taxes; and	
3. the premi	ses are now open for l	business (If no	ot explain be	elow)		
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONI	E NUMBER:		EMPLOYER (Note: NOT Inc	R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and th	e head of t	he fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LC By	OCAL LICENS y:	SING AUTHO	ORITY
DATE:			_			



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LICENSE NUMBER: 0118000.	33	CITY OR TOWN BOOKNE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: APTUCY DOING BUSINESS A APTUC		G. ASSOC. INC.
ADDRESS 180 SHORE ROAD)	
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE: 02532
MANAGER: SILVIA SR., WARREN F.	TYPE OF LICENSE: Clul	b CATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSEI	PREMISES:	
1ST FLR: KITCHEN,BAR,DIN STORAGE AREAS, 3 ENTRA ENT/EXIT. LOWER LEVEL: 2 RESTROOMS, 3 ENTRANCE	NCES AND EXITS. 2ND FLR 2 DINING AREAS WITH BAR	: 4 OFFICES, 2 STORAGE AREAS, 1
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license	will be of the same type for the	same premises now licensed;
2. the licensee has com	plied with all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now	open for business (If not expla	in below)
SIGNED BY Individua	al, Partner or Authorized Corpor	rate Officer
DATE		
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		(1000. 1001 Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
• •		·
DATE:		



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LICENSE NUMBER	::011800036		CITY	OR TOWN	BOURNE	
APPLICATION FOR	R RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS		•	YEAR
LICENSEE NAME:	TRADING POST LO	UNGE INC	1.			
DOING BUSINESS	A					
ADDRESS 12 TROV	WBRIDGE ST.					
CITY/TOWN: BOU	JRNE	STATE:	MA ZII	P CODE:	02532	
MANAGER: FOX,	, KRISTINE M. TYPE (OF LICENS	SE:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL ADDI	RESS		
DESCRIPTION OF I	LICENSED PREMISES	S:				
FLR-3 ROOMS AND	NING ROOMS AND L DATTIC SPACE USED GE SPACE OUTSIDE	FOR APA	ARTMENTAN	ID STORAG	E SPACE. C	•
I hereby certify and s	wear under penalties of	perjury that	t:			
1. the renewe	ed license will be of the	same type	for the same p	remises now	licensed;	
	ee has complied with all			_	taxes; and	
3. the premis	ses are now open for bus	siness (If no	ot explain belo	w)		
SIGNED BY				act.		
	Individual, Partner or	Authorized	. Corporate Of	ficer		
DATE:	TELEPHONE N	NUMBER:	a		IDENTIFICATI	
			(1	Note: NOT Indi	ividual Social Se	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspec (2) the certificate of liq	ctor and th	e head of the	fire departn	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						



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LICENSE NUMBER: 011800037		CITY OR TOWN BOU	URNE
APPLICATION FOR RENEWAL:	Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: WEARY TRAVELE DOING BUSINESS A	RS CLUB, INC.		
ADDRESS VALLEY BARS ROAD			7 22
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE: 025	
MANAGER: JONES, KENDALL TYPE G.	OF LICENSE: Club	CATEG	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
FIRST FLOOR; DINING ROOM, BAR.FU! RESTROOMS KITCHEN, BAR, STORAGE AREAS, MEE	BASEMENT;2	REST ROOMS, ICE, 7 ENTRANCES AN	ND EXITS
I hereby certify and swear under penalties o	of perjury that:		
1. the renewed license will be of th	e same type for the s	ame premises now licens	sed;
2. the licensee has complied with a	ll laws of the Comm	onwealth relating to taxe	s; and
3. the premises are now open for b	usiness (If not explai	n below)	
SIGNED BY Individual, Partner o	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
		(Note: NOT Individual	Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 011800038		CITY OR TOWN	BOURNE	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: PORTSIDE LIQUOR	RS, Inc			
DOING BUSINESS A Portside Liquors				
ADDRESS 590A-B MAC ARTHUR BLVD)			
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE:	02559	
MANAGER: METRI, ZEINA TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	S:			
UNITS A & B,4,010 SQ.FT. RETAIL SALE SQ. FT., 4 REST ROOMS, RETAIL SALE ADDITIONAL 1280 SQ FT FOR RETAIL	S AREA,2 REAR 2			
I hereby certify and swear under penalties of				
1. the renewed license will be of the		same premises now	licensed;	
2. the licensee has complied with al		=		
3. the premises are now open for bu	ısiness (If not expla	in below)		
SIGNED BY				
Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Ind	ividual Social Security Number)	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(1 disapproved enplain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01180)0039	CITY OR TOWN	BOURNE
APPLICATION FOR RENI	EWAL: Ann	ual LICENS	SED FOR 2013
	CLA	.SS	YEAR
LICENSEE NAME: BAR	LOWS LIQUOR CORP.		
DOING BUSINESS A SEA	SIDE WINE AND SPIRI	T	
ADDRESS 4 BARLOW'S I	ANDING RD.		
CITY/TOWN: BOURNE	STATE:	MA ZIP CODE:	02559
MANAGER: PATEL, PA	RESH TYPE OF LICEN	SE:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
UNIT 1, BLDG 2 CONTAI PLACE, 3 ENTRANCES, S SALES	~		
SIGNED BY	now open for business (If r		
Hidiv	idual, Farmer of Aumonize	d Corporate Officer	
DATE:	TELEPHONE NUMBER:	•	LIDENTIFICATION NUMBER:
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		Ву:	
(If disapproved explain)			<u> </u>
DATE:			<u></u>



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 011800040		CITY OR TOWN	BOURNE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NORMAN B	. WHITE, JR., INC.		
DOING BUSI	NESS A LIQUOR B	ARN		
ADDRESS 15	0 MAIN STREET			
CITY/TOWN:	BOURNE	STATE: MA	ZIP CODE:	02532
MANAGER:	MALOUIN, PHILLIP JOSEPH III	TYPE OF LICENSE: P	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
SALES AREA BUILDING.	, OFFICE, STORAG	E & RESTROOMS,ENT	RANCE AND EXIT	IN FRONT OF
I hereby certify	y and swear under pen	alties of perjury that:		
-	=	be of the same type for the	ne same premises now	licensed;
2. the	licensee has complied	l with all laws of the Cor	nmonwealth relating to	o taxes; and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Ind	lividual Social Security Number)
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 011800041		CITY OR TOWN BOURN	Е
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BEECY, I	NC		
DOING BUSINESS A BOURNE	E BRIDGE LIQUORS		
ADDRESS 310 MAIN STREET,	BUZZARDS BAY		
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE: 02532	
MANAGER: BEECY, DOUGL	AS TYPE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
2. the licensee has compl	STORAGE, ONE ENTRANGE condities of perjury that: ill be of the same type for the	same premises now licensed; nonwealth relating to taxes; and	d
SIGNED BY Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 011800042		CITY OR TOWN	BOURNE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PARADIGM,INC.			
DOING BUSINESS	A YE OLDE SPIRIT S	SHOPPE		
ADDRESS 41 MEE	TINGHOUSE LANE			
CITY/TOWN: BO	URNE	STATE: MA	ZIP CODE:	02562
MANAGER: SHA	FIQUE,MOHA TYPE AD	OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES	S:		
ONE ROOM RETAR	IL SALES AREA, RES' ANCE,EXIT	TROOMS, STORA	AGE ROOM AND (ONE FRONT AND
2. the licens	ee has complied with al ses are now open for bu	l laws of the Comm	nonwealth relating to	
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer	
D 4 777				
DATE:	TELEPHONE I	NUMBER:		t IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	011800043	C	CITY OR TOWN	BOURNE		
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME: S	SADIQ CORPORATION					
DOING BUSINESS A	ONE STOP CONVENII	ENCE STORE &	LIQUOR			
ADDRESS 227 RTE. 6	5A, SAGAMORE					
CITY/TOWN: BOUR	NE ST	ATE: MA	ZIP CODE:	02561		
	Q, SHAKEEL TYPE OF MMED	LICENSE: Packa	age Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMA	IL ADDRESS			
DESCRIPTION OF LI	CENSED PREMISES:					
	PORTION OF FIRST FLOOR OF BUILDING, SALES AREA, GROCERY STORE WITH A LIQUOR SALES AREA; STORAGE AND COOLER AREA, EXIT IN REAR, RECEIVING DOOR ON SIDE					
 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 						
SIGNED BY	Individual, Partner or Au	horized Corpora	te Officer			
DATE:	TELEPHONE NUM	ИBER:		LIDENTIFICATION NUMBER:		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHORITY		
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 011800045		CITY OR TOWN	BOURNE
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: BOURNE LIQU	JORS INC.		
DOING BUSINE	SS A LUKE'S LIQU	JOR N MORE		
ADDRESS 170 C	CLAY POND ROAD			
CITY/TOWN: B	SOURNE	STATE: MA	ZIP CODE:	02553
	ATTERSON, TICHAEL J.	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION O	OF LICENSED PREM	MISES:		
	N COOLER, ONE O	SALES AREA, TWO FFICE, ONE MAIN EN		
I hereby certify ar	nd swear under penalt	ties of perjury that:		
1. the ren	newed license will be	of the same type for the	same premises now	licensed;
2. the lice	ensee has complied w	vith all laws of the Com	monwealth relating t	o taxes; and
3. the pre	emises are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain)				
DATE:				
DATE.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 011800046		CITY OR TOWN	BOURNE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	: RYMCO, INC.				
DOING BUSINESS	S A LIBERTY WAR	REHOUSE LIQUO	RS		
ADDRESS 21 ST. N	MARGARET'S ST.				
CITY/TOWN: BO	URNE	STATE: M	A ZIP CODE:	02532	
	MSHA, TY HARD C.	PE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
PORTION OF THE BUILDING WITH ONE SALES ROOM, ONE STOCK ROOM AND OFFICE AREA					
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	wed license will be o	f the same type for	the same premises now	licensed;	
2. the licens	see has complied wit	th all laws of the Co	ommonwealth relating to	taxes; and	
3. the prem	ises are now open fo	or business (If not ex	xplain below)		
-					
SIGNED BY					
	Individual, Partne	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:	
			(Note: NOT Ind	ividual Social Security Number)	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expl	lain)				
DATE.			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	11800055		CITY OR TOWN	BOURNE	
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: A	CK MARKET, INC.				
DOING BUSINESS A	GREY GABLES MAR	KET			
ADDRESS 183 SHORE	EROAD				
CITY/TOWN: BOUR	NE S'	TATE: MA	ZIP CODE:	02532	
MANAGER: HALLA L	M,MICHAE TYPE OF	LICENSE: Pacl	cage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISES:				
3800 SQ FT SINGLE S SALES AREA, ONE FI					IL
3. the premises SIGNED BY	nas complied with all la are now open for busing	ess (If not expla	in below)		
1	morvious, rurner or ru	unorized corpor	aute officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 01	1800057		CITY OR TO	WN BOURNE	
APPLICATION FOR RE	ENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: M	ILLERCO CORP	ORATION			
DOING BUSINESS A	COURTYARD R	ESTAURANT			
ADDRESS 1337 COUN	TY RD				
CITY/TOWN: BOURN	NE .	STATE: MA	ZIP COD	E: 02534	
MANAGER: PERINI- PAULA	MILLER, TYP	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
LOUNGE, 2 DINING ROUTSIDE COURTYAR EXITS. TO INCLUDE	D IN SEASON, I	MEN'S AND LADI	ES ROOMS 6 E	ENTRANCES AN	
I hereby certify and swea	r under penalties	of perjury that:			
1. the renewed l	icense will be of t	he same type for th	e same premises	now licensed;	
2. the licensee h	as complied with	all laws of the Com	monwealth rela	ting to taxes; and	
3. the premises a	are now open for	business (If not exp	lain below)		
SIGNED BY In	dividual, Partner	or Authorized Corp	oorate Officer		
D. A. ITTE					
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT <u>OT</u> Individual Social S	
			(Note. INC	11 marviduai Sociai S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building ins	pector and the hea	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

(CITY OR TOWN BOL	KNE
Annual	LICENSED F	FOR 2013
CLASS		YEAR
ANT		
STATE: MA	ZIP CODE: 025	32
F LICENSE: Resta	urant CATEG	ORY: All Alcohol
AND ENTER YOUR EMA	IL ADDRESS	
		CELLAR
• •	ame premises now licens	ed·
• 1	•	
	•	,
uthorized Corpora	ite Officer	
71 CD CD	EMBLOVED IDENT	FIEIC A TION NI IMPED.
JMBER:		
		•
	LOCAL LICENSING A	AUTHORITY
	By:	
	Annual CLASS CTATE: MA F LICENSE: Resta AND ENTER YOUR EMA BAR AND LOUI AREA, REST RO erjury that: ame type for the sa aws of the Commoness (If not explain uthorized Corpora JMBER: OSSESSION (1) the correct of the salary of the head of the h	Annual CLICENSED F CLASS CLASS CATE STATE: MA ZIP CODE: 025 F LICENSE: Restaurant CATEG AND ENTER YOUR EMAIL ADDRESS BAR AND LOUNGE, DINING ROOM, AREA, REST ROOMS erjury that: ame type for the same premises now licens aws of the Commonwealth relating to taxes are (If not explain below) uthorized Corporate Officer JMBER: EMPLOYER IDENTING (Note: NOT Individual possession (1) the certificate required by or and the head of the fire department for liability insurance required by Chapter LOCAL LICENSING A



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0118	00059	(CITY OR TOWN	1 BOURNE	
APPLICATION FOR REN	EWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: STIF	R CRAZY, INC				
DOING BUSINESS A ST	IR CRAZY REST	TAURANT			
ADDRESS 570 MacArthur	Blvd				
CITY/TOWN: BOURNE		STATE: MA	ZIP CODE:	02532	
MANAGER: SAMMS, B	OPHA TYPE	OF LICENSE: Resta	nurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICEN					
3 DINING ROOMS, BAR STORAGE, 2 ENTRANCE			REST R OOMS,	BASEMENT.	FOR
I hereby certify and swear u	•	same type for the same	ame premises no	w licensed:	
		laws of the Commo	-		
	1	siness (If not explain	Į.		
SIGNED BY					
Indi	vidual, Partner or	Authorized Corpora	ate Officer		
DATE:		W. 10 F. 10	EMDI OVI	ER IDENTIFICAT	CION NILIMBED.
DITTE.	TELEPHONE N	NUMBER:		ndividual Social S	
We the undersigned, atte Acts of 2004, signed by the		_	_		
named license and (2) the of 2010.			_		
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 011800060	(CITY OR TOWN BOURNE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: IRON MAIDEN	,INC.	
DOING BUSINESS A TROWBRIDG	E TAVERN & ALE HOU	JSE
ADDRESS 100 TROWBRIDGE RD		
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE: 02532
MANAGER: MC CARTHY, T MARY ELLEN	YPE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	II. ADDRESS
DESCRIPTION OF LICENSED PREM		
TWO FLOORS; FIRST FLR; ROOF D STORAGE AREAS. BASEMENT CO OFFICES, COAT ROOM, THREE ST	NTAINING 3 FUNCTIO	,KITCHEN, THREE ON ROOMS, RESTROOMS, 2 SERVICE BARS. SERVICE KITCHEN
I hereby certify and swear under penalt	ies of perjury that:	
1. the renewed license will be	of the same type for the sa	ame premises now licensed;
2. the licensee has complied w	ith all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open f	or business (If not explain	n below)
SIGNED BY		0.00
Individual, Partr	ner or Authorized Corpora	ate Officer
DATE: TELEPHO		EMIN OVER INFIVERICATION AND MED
TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:011800062		CITY	OR TOW	N BOURNE	
APPLICATION FOR	RENEWAL:	Annual		LICE	ENSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	P&G PIZZA, INC.					
DOING BUSINESS	A PIZZA BY EVAN					
ADDRESS 00170E C	CLAY POND RD					
CITY/TOWN: BOU	RNE	STATE: MA	ZII	P CODE:	02532	
	RILIDIS, TYPE STERA	OF LICENSE: Res	staurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDI	RESS		
	LICENSED PREMISES					
FT.WITH 1 CENTER	OF BOURNE A&P SHOR RENTRANCE & 1 EX MS. FOR A TOTAL C	AT DOOR IN TH				
	e has complied with al es are now open for bu Individual, Partner or	siness (If not expla	ain belo	w)	g to taxes; and	
DATE:	TELEPHONE 1	NUMBER:	1)		ER IDENTIFICAT	
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lic	ector and the head	l of the	fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOC By:	AL LICE	NSING AUTH	ORITY
DATE:						



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LICENSE NUN	MBER: 011800068		CITY OR TOWN	BOURNE	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 20)13
		CLASS			YEAR
	AME: CAPE SUNSET E				
ADDRESS 11	BRIGADOON ROAD				
CITY/TOWN:	BOURNE	STATE: MA	ZIP CODE:	02553	
MANAGER:	FALCONE, FRANK TY J.	PE OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMI	ISES:			
FOR STORAG ADJACENT TO SERVING FO AND STATION WILL BE USE	HAS 2 ENT/EXITS. 2NI E AND FOOD PREP. DE O COVERED PATIO OF WINE & MALT ON GRO NARY KISOK. 5000 SF D FOR TENTED BANA and swear under penaltie	ECKS ON 1ST AND 2 FRESTAURANT SUR OUNDS OF GOLF CO FENCED OUTDOOR QUET EVENTS	ND FLRS. OUTSIE ROUNDED BY A I DURSE VIA A MOE	E LAWN A BARRIER. BILE BEV C	REA CART
•	renewed license will be of		same premises now l	icensed;	
	licensee has complied with	7.2	•		
3. the 1	premises are now open for	r business (If not expla	in below)		
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:		W. 1 W. 1 CD ED	EMBLOVED	IDENITIEIC AT	ION NUMBER:
DITTE.	TELEPHON	NE NUMBER:	(Note: NOT Indi		
Acts of 2004, s	signed, attest that we are signed by the building in and (2) the certificate o	spector and the head	of the fire departm	ent for the	above
Please Check Belo	ow:		LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE			-		
(If disapproved	explain)		-		
DATE:					



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LICENSE NUMBER: 011800071		CITY OR TOWN E	BOURNE
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: WAYHO GRILL, INC	C.		
DOING BUSINESS A			
ADDRESS 4 OLD BRIDGE RD			
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE:	02532
MANAGER: CHU, BENNY P TYPE	OF LICENSE: Rest	aurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES		NEG DEGT DOOMG	OFFICE
RESTAURANT WITH 6 DINING ROOMS KITCHEN, AND SERVICE BAR.	, MEN'S AND LAI	DIES REST ROOMS.	. OFFICE,
I hereby certify and swear under penalties of	neriury that:		
1. the renewed license will be of the		ame premises now lic	censed;
2. the licensee has complied with all		_	
3. the premises are now open for bus	siness (If not explai	n below)	
SIGNED BY		0.00	
Individual, Partner or	Authorized Corpor	ate Officer	
DATE: TELEPHONE N		EMBLOVED IF	NENTHEIC A TION NI IMPED.
TELEPHONE N	NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
			•
We the undersigned, attest that we are in Acts of 2004, signed by the building inspe	_	_	-
named license and (2) the certificate of liq			
of 2010.			
Please Check Below:		LOCAL LICENSIN	IG AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
Tr			
DATE:			



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LICENSE NUMBER:	011800072	C	TY OR TOWN	BOURNE	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHEN RESTAURA	NT, INC.			
DOING BUSINESS A	GOLDEN PLACE	•			
ADDRESS 4 BARLO	W'S LANDING RO	AD			
CITY/TOWN: BOUF	RNE	STATE: MA	ZIP CODE:	02559	
MANAGER: CHEN	, MEN ZE TYPI	E OF LICENSE: Restau	urant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF L					
-		IEN DINING ROOM V ND TWO REAR ENT			D
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of the	he same type for the sar	ne premises now	licensed;	
2. the licensee	has complied with	all laws of the Common	wealth relating to	taxes; and	
3. the premise	s are now open for b	ousiness (If not explain	below)		
SIGNED BY	Individual, Partner	or Authorized Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEET TIOTAE	71(6)(1)22((Note: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signed	by the building insp	in possession (1) the co pector and the head of liquor liability insurar	the fire departr	nent for the	above
Please Check Below:]	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]	Ву:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explain	1)				_
DATE:					



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LICENSE NU	MBER: 011800074		CITY OR TOWN BOURNE	1
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: KKP INC.			
DOING BUSI	NESS A THE SAGA	MORE INN		
ADDRESS 11	31 ROUTE 6A			
CITY/TOWN	: BOURNE	STATE: MA	ZIP CODE: 02561	
MANAGER:	BILODEAU, SUZANNE	TYPE OF LICENSE: Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
WALK IN CO	OOLER, THREE RES		OOMS KITCHEN, ENCLOSED ES AND EXITS, CELLAR FOR N THIRD FLOOR	
	premises are now ope	en for business (If not expl		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	ng inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Bel	low:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disappiove	a explain)			<u>—</u>
DATE:				



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LICENSE NUMB	ER: 011800075		CITY OR TOWN	BOURNE
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: LOBSTER TRAP	FISH MARKET, I	NC	
DOING BUSINES	SS A THE LOBSTER	TRAP FISH MAR	KET AND RESTAUR	ANT
ADDRESS 290 S	HORE RD			
CITY/TOWN: B	OURNE	STATE: MA	ZIP CODE:	02532
MANAGER: DI	ELANCEY, TY AVID P	PE OF LICENSE:I	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS	
	OF LICENSED PREMI			
ROOMS. WALK	BLDG. PICKUP WINI IN COOLER AND TW ND EXITSO	O FREEZERS, TV		
I hereby certify an	d swear under penalties	s of perjury that:		
1. the ren	ewed license will be of	the same type for t	he same premises now	licensed;
	ensee has complied with		=	o taxes; and
3. the pre	mises are now open for	business (If not ex	plain below)	
SIGNED BY	Individual, Partner	or Authorized Co	porate Officer	
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sig	ned by the building in	spector and the ho	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(ii disapproved ex	.piaiii)			
			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 011800076	C	ITY OR TOWN BO	DURNE
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: Batman Corporation			
DOING BUSINESS A Parrot Bar & Grille			
ADDRESS 1356 Route 28a			
CITY/TOWN: BOURNE	STATE: MA	ZIP CODE: 02	2534
MANAGER: CROCKER, BRIAN TYPE OM.	OF LICENSE: Restau	irant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISES	5 :		
one story bldg with kitchen, bar, dining room Entrances and exits on north, south and east s		ea, cellar used for stor	rage, restrooms.
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the		=	
2. the licensee has complied with all		_	xes; and
3. the premises are now open for bus	siness (If not explain	below)	
SIGNED BY Individual, Partner or	Authorized Corporat	e Officer	
DATE: TELEPHONE N	NUMBER:		NTIFICATION NUMBER:
		(Note: NOT Individu	nal Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of liquid of 2010.	ctor and the head of	f the fire departmen	t for the above
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			·
DATE:			



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LICENSE NUMBE	R: 011800078		CITY OR TOW	N BOURNE	
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: BBHP, INC.				
DOING BUSINESS	S A BUZZARDS BA	Y HOUSE OF PIZZ	A		
ADDRESS 270 MA	AIN STREET				
CITY/TOWN: BO	URNE	STATE: MA	ZIP CODE	: 02532	
MANAGER: KA	LKANIS,OLGA TYF	PE OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
	F LICENSED PREMIS				
	ASEMENT, 1 DINING P ROOM, STORAGE)MS, 2 MEN'S F	ROOMS,
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of	the same type for the	e same premises r	now licensed;	
2. the licen	see has complied with	all laws of the Com	monwealth relatir	ng to taxes; and	
3. the prem	nises are now open for	business (If not exp	lain below)		
SIGNED BY			0.00		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:			EMBLO	VED IDENTIFICATI	EION NII IMPER
DATE.	TELEPHON	E NUMBER:		YER IDENTIFICAT Individual Social S	
Acts of 2004, signonamed license and	ed, attest that we are ed by the building ins l (2) the certificate of	spector and the hea	d of the fire dep	artment for the	above
of 2010.					
Please Check Below: APPROVED:]			ENSING AUTH	ORITY
DISAPPROVED:]		Ву:		
(If disapproved exp	lain)				
DATE:					



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LICENSE NUMBER	:: 011800080		CITY OR TOWN	BOURNE
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	T J'S GRILL & BAR L	LC		
DOING BUSINESS	A			
ADDRESS 4 BOUR	NE BRIDGE APPROAC	Н		
CITY/TOWN: BOU	JRNE	STATE: MA	ZIP CODE:	02532
MANAGER: TUB	BS, JUDITH A. TYPE C	F LICENSE: Re	staurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES:			
	TH BAR, KITCHEN, OF ERS IN BASEMENTOU			
I hereby certify and s	wear under penalties of p	erjury that:		
1. the renew	ed license will be of the s	same type for the	same premises now lie	censed;
2. the license	ee has complied with all l	aws of the Com	monwealth relating to t	axes; and
3. the premis	ses are now open for busi	ness (If not expl	ain below)	
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer	
DATE:	TELEPHONE N	UMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Acts of 2004, signed	l, attest that we are in p l by the building inspec (2) the certificate of liqu	tor and the hea	d of the fire departme	ent for the above
Please Check Below:			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVED:	in)			
(II disupproved expla	<i>)</i>			
DATE:				
APPLICATION FOR RENEW	AL MUST BE FILED BY LICENS	SEES DURING THE M	IONTH OF NOVEMBER (M.G.	L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	011800081		CITY OR TO	WN BOURNE	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	COCHRANE VEN	TURES LLC			
DOING BUSINESS A	A BUZZARDS BA	Y TAVERN			
ADDRESS 145 MAIN	N STREET				
CITY/TOWN: BOUI	RNE	STATE: MA	ZIP COD	E: 02532	
MANAGER: CART R.	ER, JAMES TYPE	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L					
2500 SQ FT RESTAU HORSESHOE BAR, (WASHING ROOM A	OFFICE, MEN'S &	LADIES RESTROO	MS, KITCHE		DISH
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises	s now licensed;	
2. the licensee	e has complied with	all laws of the Comm	nonwealth rela	ting to taxes; and	
3. the premise	es are now open for	business (If not expla	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	THE PRIVATE	T. W. W. C. F. D.	EMDI	LOYER IDENTIFICA	TION NUMBER.
DATE.	TELEPHON	E NUMBER:		OTER IDENTIFICATION OF THE PROPERTY OF THE PRO	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and the head	l of the fire de	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE:					
DALL.					



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LICENSE NUI	MBER: 011800082		CITY OR TOWN	BOURNE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RYAN FAMIL	Y AMUSEMENT INC.		
DOING BUSIN	NESS A			
ADDRESS 200	MAIN STREET			
CITY/TOWN:	BOURNE	STATE: MA	ZIP CODE:	02532
MANAGER:	NICHOLS, TROBERT	TYPE OF LICENSE: Ger pre	neral on C mise	ATEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
		R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
1 STORY BUI BOWLING LA BAR AND OF AND ONE LE	NES, 2 BIRTHDAY P FICESONE FRONT FT SIDE ENTRANCE/	TIAL BASEMENT CON ARTY ROOMS, 2 BAT ENTRANCE AND TWO EXIT	HROOMS, GAME	ROOM, SERVICE
•	and swear under penal	of the same type for the	sama pramisas nov	, ligancad
		with all laws of the Comn	1	
	=		_	to tanes, and
3. the	premises are now open	for business (If not expla	in below)	
SIGNED BY		ner or Authorized Corpo		
SIGNED BY	Individual, Part	ner or Authorized Corpo	rate Officer	R IDENTIFICATION NUMBER
	Individual, Part		rate Officer EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
DATE: We the under Acts of 2004,	Individual, Part TELEPHO signed, attest that we signed by the building	ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYE (Note: NOT In	dividual Social Security Number) red by Chapter 304 of the
DATE: We the under Acts of 2004, named license	Individual, Part TELEPHO esigned, attest that we a signed by the building e and (2) the certificate	ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYE (Note: NOT In e certificate required of the fire depart	red by Chapter 304 of the ment for the above
DATE: We the under Acts of 2004, named license of 2010. Please Check Belo APPROVED:	Individual, Part TELEPHO signed, attest that we a signed by the building e and (2) the certificate	ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYE (Note: NOT In e certificate required of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVE	Individual, Part TELEPHO esigned, attest that we a signed by the building e and (2) the certificate	ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYE (Note: NOT In e certificate required of the fire departed by LOCAL LICENS	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the under Acts of 2004, named license of 2010. Please Check Belo APPROVED:	Individual, Part TELEPHO esigned, attest that we a signed by the building e and (2) the certificate	ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYE (Note: NOT In e certificate required of the fire departed by LOCAL LICENS	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVE	Individual, Part TELEPHO esigned, attest that we a signed by the building e and (2) the certificate	ner or Authorized Corpo ONE NUMBER: are in possession (1) the inspector and the head	EMPLOYE (Note: NOT In e certificate required of the fire departed by LOCAL LICENS	red by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUME	3EK: 011800083		CITY OR TOV	WN BOURNE
APPLICATION I	FOR RENEWAL:	Annual	LIC	CENSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: CRANBERR	Y'S LLC		
DOING BUSINE	SS A CRANBER	RY'S RESTAURANT & 1	PUB THE BOG	
ADDRESS 618 N	MAC ARTHUR B	OULEVARD		
CITY/TOWN: E	BOURNE	STATE: MA	ZIP CODE	2: 02532
MANAGER: B	URGER, EMANTHA V.	TYPE OF LICENSE: Re	estaurant	CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED PI	REMISES:		
UTILITY ROOM	I AND DISHWAS	S (2 DINING AREAS AN SHING ROOM)MEN'S AN D PORCH & DECK, FEN	ND LADIES RES	
I hereby certify ar	nd swear under pe	nalties of perjury that:		
1. the rer	newed license will	be of the same type for the	e same premises	now licensed;
2. the lice	ensee has complie	d with all laws of the Com	monwealth relati	ng to taxes; and
3. the pre	emises are now op	en for business (If not exp	lain below)	
SIGNED BY	Individual, F	artner or Authorized Corp	orate Officer	
DATE:	TELEI	PHONE NUMBER:		OYER IDENTIFICATION NUMBER:
			(Note. NO	<u>Γ</u> Individual Social Security Number)
Acts of 2004, sig	ned by the build	ing inspector and the hea	d of the fire dep	puired by Chapter 304 of the partment for the above by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCAL LICE	ENSING AUTHORITY
· · · · · · · · · · · · · · · · · · ·	1 " /			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	:011800085		CITY OR TOWN	BOURNE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A				
ADDRESS 119 CRAI	NBERRY HIGHW	/AY		
CITY/TOWN: BOU	RNE	STATE: MA	ZIP CODE:	02532
MANAGER: DOW	NES, JOHN TY	YPE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF L REST. PUB CONTAL BACK, AND SIDE E	INING TWO RES	TROOMS , KITCHE EXIT, BASEMENT		
2. the license	ed license will be one has complied with	f the same type for the th all laws of the Com or business (If not expl	monwealth relating t	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	by the building in	nspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION			CITY OR TOWN	
	FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: SANDY'S FA	MOUS SEAFOOD REST	CAURANT LLC	
DOING BUSIN	IESS A SANDY'S F	AMOUS SEAFOOD RES	STAURANT	
ADDRESS 7 B	OURNE BRIDGE A	PPROACH		
CITY/TOWN:	BOURNE	STATE: MA	ZIP CODE:	02532
	TUBBS, JUDITH ANN	TYPE OF LICENSE: Re	staurant C	CATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PR			
		CHEN, OFFICE, MEN'S A AR, 3 ENTRANCES, 5 E		Γ ROOMS, STORAGE
I hereby certify	and swear under pen	alties of perjury that:		
1. the r	enewed license will	be of the same type for the	same premises nov	v licensed;
2. the li	icensee has complied	l with all laws of the Com	nonwealth relating	to taxes; and
3. the p	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY				
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
	Individual, Pa	artner or Authorized Corpo	orate Officer	
SIGNED BY DATE:		artner or Authorized Corpo	EMPLOYE	R IDENTIFICATION NUMBER:
			EMPLOYE	R IDENTIFICATION NUMBER:
DATE: We the unders Acts of 2004, s	TELEP signed, attest that w igned by the buildi	HONE NUMBER: The are in possession (1) the head in th	EMPLOYE (Note: <u>NOT</u> Ir e certificate required of the fire depar	red by Chapter 304 of the
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